

**INDEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/525051  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9	/	/				
10	/					
11	/					
12		/				
13		/				
14		/				
15		/				
16		/				
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18		/				
19		/				
20	/					
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24				/		
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28				/		
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31				/		
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36				/		
37				/		
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41				/		
42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52			/			
53				/		
54			/			
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
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65				/		
66				/		
67				/		
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69				/		
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74				/		
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86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92			/			
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		6	←		←
TOTAL CLAIMS			73			